

RECEIVED
CENTRAL FAX CENTER

JUL 24 2006

SCHWEGMAN ■ LUNDBERG ■ WOESSNER ■ KLUTH
PATENT, TRADEMARK & COPYRIGHT ATTORNEYS
P.O. Box 2938
Minneapolis, MN 55402
Telephone (612) 373-6900 Facsimile (612) 339-3061

July 24, 2006

TO: Commissioner for Patents
Patent Examining Corps
Facsimile Center
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Thomas F. Brennan
OUR REF: 1384.015US1

TELEPHONE:

FAX NUMBER (571) 273-8300

Document(s) Transmitted: Request for Withdrawal as Attorney or Agent (1 pg.)

Total pages of this transmission, including cover letter: 2 pgs.

If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: Tim Millet

Examiner: (Unknown)

Serial No.: 09/894,471

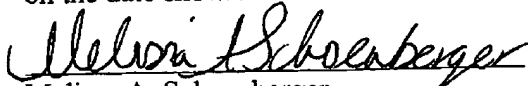
Group Art Unit: 2154

Filed: June 28, 2001

Docket No.: 1384.015US1

Title: IDENTIFYING NODES IN A RING NETWORK

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Melissa A. Schoenberger

7/24/06
Date of Transmission

JUL 24 2006

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/894,471
Filing Date	Jun 28, 2001
First Named Inventor	Tim Millet
Art Unit	2154
Examiner Name	
Attorney Docket Number	1384.015US1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 21186

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

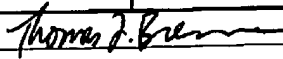
The reasons for this request are:

The assignee/client has requested that the file be transferred to another attorney for future prosecution. We wish to withdraw from representation consistent with the assignee's/client request.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Faegre & Benson LLP		
Address	3200 Wells Fargo Center 1700 Lincoln Street		
City	Denver	State	CO
Country	USA		
Telephone	(303) 607-3500	Email	mdesanctis@faegre.com
Signature			
Name	Thomas F. Brennan	Registration No.	35,075
Date	July 24, 2006	Telephone No.	(612) 373-6900

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.